

Command= 210-

Point#, Start#-End# or G#= 1-100

Bearing	Distance	Elev	Descrip	Pnt.	Northing	Easting	Type
-----01-20-2025-----10:15:45-----D:...\BMHOME10							
	50.00		SETHUB	1	-522.8647	-324.2114	
	43.41		SETHUB	2	-601.3834	-485.7051	TRA
	51.05		BMFNDNL*	3	-570.8871	-388.8934	SS
	45.32		FNDSTKLF	4	-559.9970	-394.2805	SS
	46.31		6"ELM	5	-531.9776	-389.7913	SS
	46.06		9"ELM	6	-544.3796	-392.9532	SS
	45.60		3"ELM	7	-548.5804	-400.5568	SS
	45.08		12"ELM	8	-545.1837	-413.1951	SS
	44.95		5"ELM	9	-524.8484	-409.6184	SS
	44.70		8"ELM	10	-527.8626	-420.5619	SS
	45.03		FNDSTKLF	11	-539.5036	-406.6490	SS
	44.17		15"PINE	12	-546.5183	-435.9861	SS
	43.32		FNDSTKLF	13	-568.3909	-454.5280	SS
	44.12		GND	14	-586.6358	-446.6494	SS
	44.39		GND	15	-565.0130	-427.5786	SS
	42.99		FNDSTK	16	-505.3656	-465.2601	SS
	43.99		FNDSTK	17	-456.3046	-455.8510	SS
	43.96		GND	18	-479.9149	-431.6011	SS
	46.40		8"BEECH	19	-499.8384	-390.6969	SS
	45.30		10"OAK**	20	-480.8335	-397.0319	SS
	46.78		BSPIT***	21	-494.2215	-367.8510	SS
	47.00		6"BEECH*	22	-474.6529	-364.5009	SS
	47.05		8"OAK***	23	-463.7790	-339.4936	SS
	45.22		***	24	-459.8725	-307.9792	SS
	45.93		TOPIPIN*	25	-458.4890	-290.6043	SS
	47.37		GND	26	-488.7372	-294.2854	SS
	50.09		GND	27	-514.5896	-299.7112	SS
	51.43		GND	28	-533.8187	-289.5722	SS
	51.12		GND	29	-549.7178	-299.4308	SS
	50.81		TOPIPIN*	30	-569.1300	-311.9600	SS
	48.90		@BUSH*	31	-543.6337	-333.6424	SS
	48.85		@BUSH*	32	-500.6651	-324.0758	SS
	48.68		GND	33	-505.1887	-340.8571	SS
	48.13		GND	34	-516.7743	-354.4543	SS
	47.32		GND	35	-513.6873	-372.7617	SS
	44.66		24"PINE*	36	-489.7510	-421.8701	SS
	44.05		20"PINE*	37	-510.7329	-445.6067	SS
	44.72		GND	38	-514.1463	-413.3059	SS
	43.54		22"DELM*	39	-549.7628	-458.1982	SS
	45.54		BS	40	-564.9412	-391.1682	SS
	46.49		GND	41	-554.2133	-371.3851	SS
	46.31		BS	42	-546.9349	-373.7425	SS
	47.67		GND	43	-535.7543	-349.8877	SS
	47.39		GND	44	-559.7517	-350.5065	SS
	46.71		GND	45	-574.0013	-362.4124	SS
	46.27		@BUSH	46	-592.1070	-378.1960	SS

JOB #16 624KEPNER [100]

Bearing	Distance	Elev	Descrip	Pnt.	Northing	Easting	Type
-----01-20-2025-----10:15:45-----D:...\BMHOME10							
		45.99	GND	47	-581.8923	-382.6468	SS
		51.04	BMNLCHK	48	-570.8822	-388.8859	SS
		48.50	GND	49	-567.9190	-333.8691	SS
		47.41	GND	50	-578.4732	-349.6708	SS
		47.50	EDGLAWN	51	-582.3132	-348.4940	SS
		45.86	@BUSHES	52	-597.8305	-390.1411	SS
		45.51	ENDBSHS	53	-608.2325	-411.5607	SS
		46.15	EDGLAWN	54	-614.3468	-400.3944	SS
		45.42	APPLE*	55	-622.2291	-448.0273	SS
		46.27	CORFNC	56	-656.1728	-452.2231	SS
		46.51	FNDSTK*	57	-687.3409	-488.4085	SS
		46.23	EDGLAWN	58	-670.0839	-471.7174	SS
		44.77	GND	59	-642.7635	-476.1454	SS
		44.57	CORPAD**	60	-608.9465	-484.5556	SS
		44.61	CORPAD**	61	-608.4059	-489.0069	SS
		46.60	TOPCBBOX	62	-611.2241	-490.0072	SS
		44.15	CLRDWAY	63	-618.4133	-482.4406	SS
		44.45	CLRDWAY	64	-588.7249	-430.8569	SS
		43.03	GND	65	-575.8620	-471.3123	SS
		42.57	6"OAK**	66	-561.1625	-504.5340	SS
		44.85	TOPIPIN*	67	-734.1018	-601.8913	SS
		46.00	TOPIPIN*	68	-714.9592	-574.1967	SS
		43.24	H2O PIPE	69	-726.5439	-605.7006	SS
		42.97	ENDDRIVE	70	-713.3975	-614.3798	SS
		43.11	CLRDWAY	71	-671.8927	-560.8702	SS
		44.28	CLRDWAY	72	-640.6772	-514.4068	SS
		43.54	GND	73	-633.1520	-529.9883	SS
		44.59	4"PINE*	74	-676.2737	-524.3864	SS
		44.86	EDGTRS**	75	-661.8714	-499.1765	SS
		43.67	EDGTRS**	76	-667.7676	-536.5030	SS

Point#, Start#-End# or G#= 4-

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Servs.
Division of Health Engineering, 101
(207) 287-5872 Fax: (207) 287-31

PROPERTY LOCATION

City, Town, or Plantation	York 3 Riverlane
Street or Road	Scotland Bridge Road
Subdivision, Lot #	Lot B

YORK

PERMIT # 9825 APPLICANTS COPY

Date Permit Issued: 8/31/10 \$1,121.15 ☐ If Double Fee Charged

Local Plumbing Inspector Signature

L.P.I. # 11103

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	Deperio Gail	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant
Mailing Address of Owner/Applicant	60 Fall Mill Road York, ME 03909	
Daytime Tel. #		

Municipal Tax Map # 40 Lot # 22 Lot 5

OWNER OR APPLICANT STATEMENT

I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.

Signature of Owner or Applicant: 8/31/10

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

(1st) date approved

PERMIT INFORMATION

TYPE OF APPLICATION

- ☒ 1. First Time System
☐ 2. Replacement System
 Type replaced: _____
 Year installed: _____
☐ 3. Expanded System
☐ a. Minor Expansion
☐ b. Major Expansion
☐ 4. Experimental System
☐ 5. Seasonal Conversion

THIS APPLICATION REQUIRES

- ☒ 1. No Rule Variance
☐ 2. First Time System Variance
☐ a. Local Plumbing Inspector Approval
☐ b. State & Local Plumbing Inspector Approval
☐ 3. Replacement System Variance
☐ a. Local Plumbing Inspector Approval
☐ b. State & Local Plumbing Inspector Approval
☐ 4. Minimum Lot Size Variance
☐ 5. Seasonal Conversion Permit

DISPOSAL SYSTEM COMPONENTS

- ☒ 1. Complete Non-engineered System
☐ 2. Primitive System (graywater & alt. toilet)
☐ 3. Alternative Toilet, specify: _____
☐ 4. Non-engineered Treatment Tank (only)
☐ 5. Holding Tank, _____ gallons
☐ 6. Non-engineered Disposal Field (only)
☐ 7. Separated Laundry System
☐ 8. Complete Engineered System (2000 gpd or more)
☐ 9. Engineered Treatment Tank (only)
☐ 10. Engineered Disposal Field (only)
☐ 11. Pre-treatment, specify: _____
☐ 12. Miscellaneous Components

SIZE OF PROPERTY

2.17 AC ☐ SQ. FT. ☒ ACRES

DISPOSAL SYSTEM TO SERVE

- ☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 4
☐ 2. Multiple Family Dwelling, No. of Units: _____
☐ 3. Other: _____ (specify)
 Current Use ☐ Seasonal ☐ Year Round ☒ Undeveloped

TYPE OF WATER SUPPLY

- ☒ 1. Drilled Well ☐ 2. Dug Well ☐ 3. Private
☐ 4. Public ☐ 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- ☒ 1. Concrete
☐ a. Regular
☐ b. Low Profile
☐ 2. Plastic
☐ 3. Other: _____
 CAPACITY: 1500 GAL.

DISPOSAL FIELD TYPE & SIZE

- ☐ 1. Stone Bed ☐ 2. Stone Trench
☒ 3. Proprietary Device
☐ a. cluster array ☒ c. Linear
☐ b. regular load ☐ d. H-20 load
☐ 4. Other: _____
 SIZE: 2000 sq. ft. ☐ lin. ft.

GARBAGE DISPOSAL UNIT

- ☐ 1. No ☒ 2. Yes ☐ 3. Maybe
 If Yes or Maybe, specify one below:
☐ a. multi-compartment tank
☐ b. _____ tanks in series
☒ c. increase in tank capacity
☐ d. Filter on Tank Outlet

DESIGN FLOW

360 gallons per day
 BASED ON:
☒ 1. Table 501.1 (dwelling unit(s))
☐ 2. Table 501.2 (other facilities)
 SHOW CALCULATIONS for other facilities

SOIL DATA & DESIGN CLASS

PROFILE CONDITION DESIGN
 9, C, 1, 1
 at Observation Hole # 7P3
 Depth 15"
 of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

- ☐ 1. Small—2.0 sq. ft. / gpd
☐ 2. Medium—2.6 sq. ft. / gpd
☐ 3. Medium—Large 3.3 sq. ft. / gpd
☐ 4. Large—4.1 sq. ft. / gpd
☒ 5. Extra Large—5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP

- ☐ 1. Not Required
☒ 2. May Be Required
☐ 3. Required
 Specify only for engineered systems:
 DOSE: _____ gallons

ATTACH WATER METER DATA

LATITUDE AND LONGITUDE
 at center of disposal area
 Lat. 45° 09' 42" N
 Lon. 70° 42' 26" W
 If g.p.s., state margin of error: 4'

SITE EVALUATOR STATEMENT

I certify that on 6/1/06 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature

SE #

Date

Site Evaluator Name Printed

Telephone Number

E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

YMC

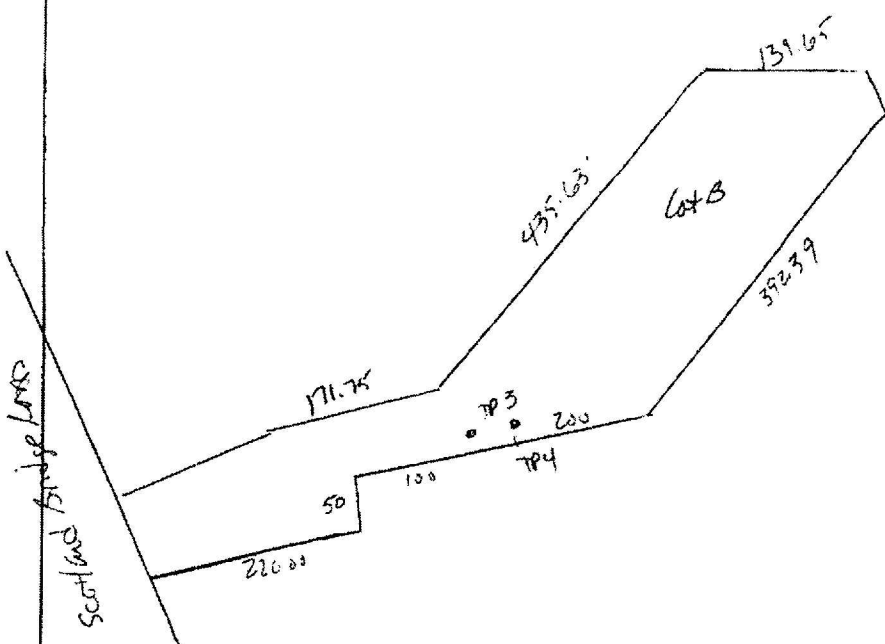
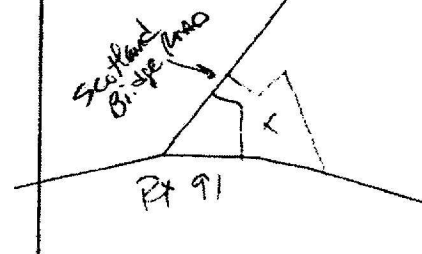
Scotland Bridge RMO LWB

Gail Deperrio

SITE PLAN

Scale 1" = 200 ft. or as shown

SITE LOCATION PLAN
(map from Maine Atlas recommended)



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole TP3 ☒ Test Pit ☐ Boring
" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
fine sandy loam	fr. st. k.	dark brown	
silt loam	fr. st. k.	brown	
silty clay loam	firm	olive gray	common distinct

Soil Classification <u>9</u> <u>C</u> Profile Condition	Slope <u>2</u> %	Limiting Factor <u>15</u>	<input checked="" type="checkbox"/> Ground Water <input checked="" type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
---	---------------------	------------------------------	---

Observation Hole TP4 ☒ Test Pit ☐ Boring
" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
fine sandy loam	fr. st. k.	dark brown	
silt loam	fr. st. k.	brown	
silty clay loam	firm	olive gray	common distinct

Soil Classification <u>9</u> <u>C</u> Profile Condition	Slope <u>2</u> %	Limiting Factor <u>18</u>	<input checked="" type="checkbox"/> Ground Water <input checked="" type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
---	---------------------	------------------------------	---

Maurice Thompson
Site Evaluator Signature

263
SE #

6/21/06
Date

2002/4/10
Date

DAK SHK

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

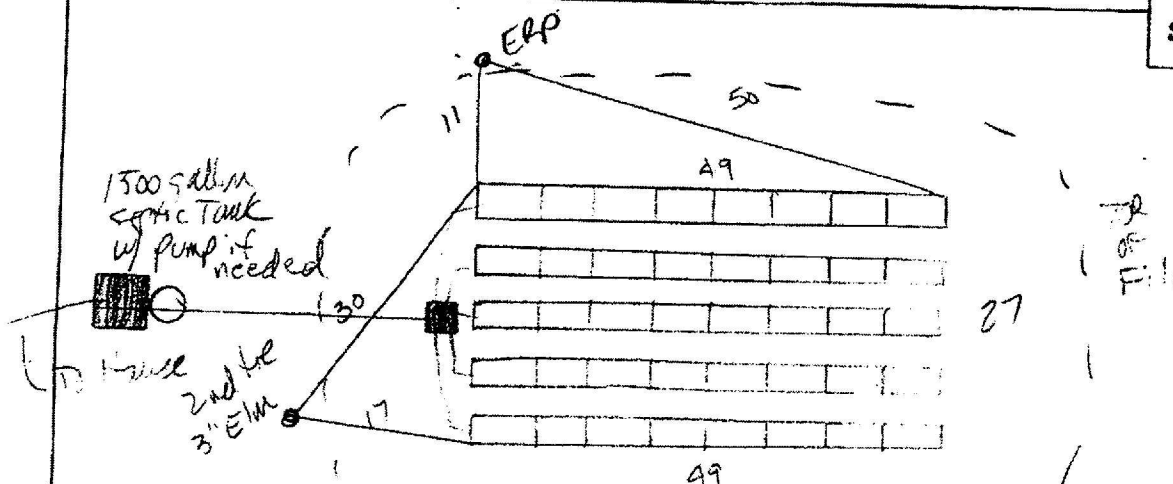
YMC

Scotland Bridge Road Lot B

Gail Deperrio

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.



Note: Materials and installation shall be in accordance with Maine Subsurface Wastewater Disposal Rules dated 08/05 as amended

FILL REQUIREMENTS

Depth of Fill (Upslope) 26"

Depth of Fill (Downslope) 32"

CONSTRUCTION ELEVATIONS

Finished Grade Elevation - 35

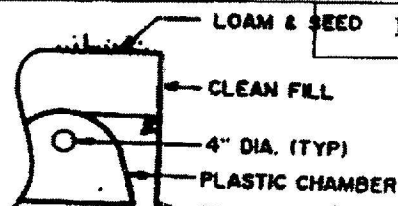
Top of Distribution Pipe or Proprietary Device

Bottom of Disposal Area -63

ELEVATION REFERENCE POINT

Location & Description: nail (60' x 10)

4" Elm
Reference Elevation: 0"

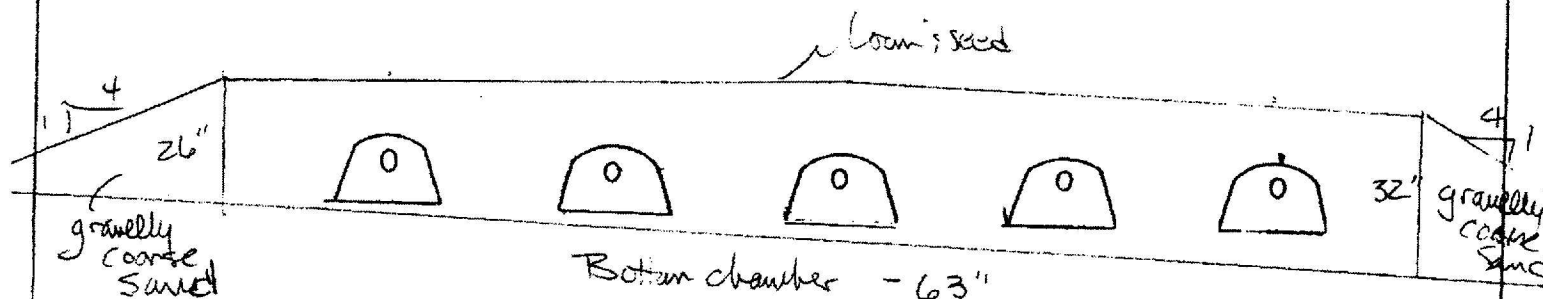


DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = 5 ft.

Vertical 1st - 3 R



mae7 hampton

Site Evaluator Signature

263

SE #

612106

Date

PW 3/4/61

Page 3 of 3
HHE-200 Rev. 8/01

DAK SRK



SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 Fax: (207) 287-4172

PROPERTY LOCATION

City, Town, or Plantation	York
Street or Road	3 River Lane
Subdivision, Lot #	
OWNER/APPLICANT INFORMATION	
Name (last, first, MI)	Kepner, Dennis
Mailing Address of Owner	105 Mill Road Hampton, NH 03842
Daytime Tel. #	(603) 926-3051

Town	YORK	PERMIT #	10173	APPLICANTS COPY
Date Permit Issued:	10/13/11	FEE	264	<input type="checkbox"/> If Double Fee Charged
Date		L.P.I. #	10994	
Local Plumbing Inspector Signature				

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY
AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH
THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS
FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

Municipal Tax Map # 90 Lot # 22-A

I state and acknowledge that the information submitted is correct to the best of
my knowledge and understand that any falsification is reason for the Department and/or
Local Plumbing Inspector to deny a Permit.

Signature of Owner or Applicant Date

CAUTION: INSPECTION REQUIRED
I have inspected the installation authorized above and found it to be in compliance
with the Subsurface Wastewater Disposal Rules Application.

(1st) date approved

Local Plumbing Inspector Signature

(2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced: _____ Year installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENTS <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
SIZE OF PROPERTY 2.5 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 3 <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other
SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: 1250 GAL. 2 compartment.	DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input checked="" type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: 1920 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW 270 (State) 360 (York) gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities 38 Eljen In-drains required, 40 provided. <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS PROFILE/CONDITION g / c at Observation Hole # B Depth 16" of Most Limiting Soil Factor Elevation: -86"	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Medium---2.6 sq. ft. / gpd <input type="checkbox"/> 2. Medium---Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large---4.1 sq. ft. / gpd <input checked="" type="checkbox"/> 4. Extra Large---5.0 sq. ft. / gpd	EFFLUENT/EJECTOR PUMP Raise house to avoid pump. <input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	LATITUDE AND LONGITUDE at center of disposal area Lat. 43 d 09 m 42.1 s Lon. 70 d 42 m 27.0 s if g.p.s, state margin of error: 23'

SITE EVALUATOR STATEMENT

I certify that on 7/29/2011 (date) I completed a site evaluation on this property and state that the data reported are accurate and
that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature

361

SE #

4 Sep. 2011

Date

Peter Drummond

Site Evaluator Name Printed

(207) 439-3624

Telephone Number

E-mail Address

Page 1 of 5

Note: Changes to or deviations from the design must be confirmed with the Site Evaluator. HHE-200 Rev. 08/2011

Department of Human Services
Division of Health Engineering
(207) 287-5672 Fax: (207) 287-3165

Street, Road, Subdivision

Kepner

3 River Lane

Scale 1" = 20 ft. or as shown

SITE LOCATION PLAN



Temporary stakes set at corners
of 15'x 40' disposal area.

 $228' \pm$

28'±
(20'min.)

 $31' \pm$

Test pit B
5% slope

Test pit C

4% slope

Elevation reference:
Nail set in 7"d.b.h.
cherry, 83" above
ground.

Horizontal reference:
15" d.b.h. double elm.

To River Ln.

/Property lines per survey.

435.63'

173.97,

361
SE #

4 Sep. 2011
Date

Page 2 of 5
HHE-200 Rev. 8/01

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATIONDepartment of Human Services
Division of Health Engineering
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

York

3 River Lane

Kepner

SUBSURFACE WASTEWATER DISPOSAL PLAN

See attached page for important information.

SCALE: 1" = 20' FT.

- 4" dia. PVC sch. 40 building sewer; minimum slope 1/4" per foot (2%).
Septic tank location to be determined at time of installation.
(Tank to be 8' from foundation; 10'+ from water line; 50'+ from wells.)
Installer to provide as-built location of septic tank.
4" dia. PVC SDR 35 effluent sewer; minimum slope 1/8" per ft. (1%).

Backfill Textural Gradation
Percent passing
Sieve size by weight

3"	100
1.5"	95-100
0.75"	90-100
#4	75-100
#10	55-85
#20	30-65
#40	15-45
#60	10-25
#100	5-15
#200	2-8
Clay fraction	0-2

D-box

CROSS SECTION

-70"/21"

-70"/21"

-79"/30"

-77"/28"

13'

Existing grade elevation/depth of fill
at disposal area corners.

Temporary stakes set at the corners of disposal area 15' by 40'.

3 foot shoulder around perimeter of In-drains; surface slope 3%.

40, 3'x4'x7" type "B43" Eljen In-drains; one ft. between rows.

4" dia. perforated PVC pipe connected at end with solid pipe.

Intersection of fill slope and existing grade.

25% maximum slope of fill extension.

This system is not designed for use with a garbage disposal. This design complies
with and must be installed in accordance with the Eljen Design and Installation Manual.

FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Fill (Upslope) 21"

Finished Grade Elevation

-49"

Location & Description: See page two,
naïl = zero.

Depth of Fill (Downslope) 30"

Top of Distribution Pipe

-57"

Reference Elevation: =ZERO

Bottom of Disposal Area

-68"

DISPOSAL AREA CROSS SECTION

Crown finish grade to 3% peak.

6" topsoil, seeded and mulched.

Scale

Horizontal 1" = 10' ft.

Vertical 1" = 5' ft.

4" perforated PVC overlaid on In-drain units in row: min. 6" sand beneath.

Geotextile filter fabric.

Medium to coarse sand 9" on sides and 6"
beneath units; effective size 0.25-2.0 mm;
no more than 10% passing #100 sieve; and
no more than 5% passing #200 sieve; and no
particles larger than 0.375". [ASTM C33 spec.
with <10% passing a #100 sieve and <5%
passing a #200 sieve. (Washed concrete sand)]

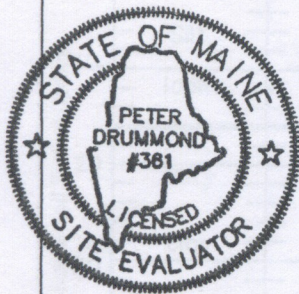
25% fill slope (maximum).

Backfill, see spec. above.

Existing grade.

A minimum of 4" of backfill material must be mixed by plowing, disking, or
rototilling into the original soil to form a transition horizon.Remove vegetation, topsoil, stumps, and unsuitable material beneath disposal area and ENTIRE FILL
EXTENSION prior to constructing the system. Scarify soil surface.
DO NOT WORK THE SOIL WHEN WET.

Designer's phone # 439-3624



Site Evaluator Signature

361

SE #

4 Sep. 2011

Date

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

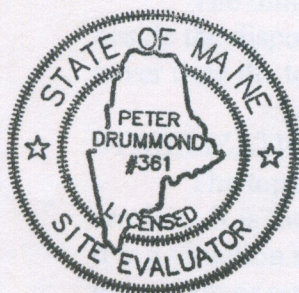
York

Street, Road, Subdivision

3 River Lane

Owner's Name

Kepner



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole B ☒ Test Pit ☐ Boring
0 " Depth of Organic Horizon Above Mineral Soil

	Texture	Consistency	Color	Mottling
0			Dark brown	
10	Silt loam	Friable	Yellowish brown	None
20	Silty clay		Light olive	
30		Firm	brown	Mottles
40				
50				

Soil Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water Restrictive Layer
9 C	5 %	16 "	<input type="checkbox"/> Bedrock
Profile Condition			<input type="checkbox"/> Pit Depth

Observation Hole C ☒ Test Pit ☐ Boring
0 " Depth of Organic Horizon Above Mineral Soil

	Texture	Consistency	Color	Mottling
0			Dark brown	
10	Silt loam	Friable	Dark yel. brn.	None
20			lt. ol. brown	
30	Silty clay		Olive	Mottles
40		Firm	brown	
50				

Soil Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water Restrictive Layer
9 C	4 %	18 "	<input type="checkbox"/> Bedrock
Profile Condition			<input type="checkbox"/> Pit Depth

Site Evaluator Signature

361
SE #

4 Sep. 2011
Date

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PETER DRUMMOND
P.O. Box 294, Kittery Point, Maine 03905
(207) 439-3624

NOTES TO SYSTEM INSTALLERS AND HOMEOWNERS

INSTALLATION:

The installer is responsible for contacting the Local Plumbing Inspector for inspections during construction. This wastewater disposal system must be installed according to the State Plumbing Code regulations and the specifications of these plans.

If during the construction of this system the site conditions vary from what is shown on the plans or if you have questions about the plans, contact me before you proceed.

The property boundary information shown on this plan has been provided by the landowner(s) or their representative(s) and is accepted in good faith. I am not a land surveyor.

The minimum amount of fill is specified on the plans. You may use additional fill beside the disposal area if you desire. I advise against having more than 12 inches of cover over the top of the disposal area.

STABILIZATION AND LANDSCAPING

The topsoil must be seeded with perennial grasses and mulched to prevent erosion. It is the installer's responsibility to employ erosion control measures as needed. It is a violation of state law to allow soil to wash from the project site into a wetland or waterbody or onto another person's land.

Woody shrubs and trees should not be planted or allowed to grow over the disposal area because the roots can disrupt the piping. Shrubs can be planted on the sloping fill extension.

USE AND MAINTENANCE

Record the location of the septic tank cover before it is buried. Retain a copy of these plans with your permanent records.

The only systems which may be driven over and parked on are those which utilize H-20 load rated septic tank, distribution box and chambers, and PVC schedule 40 piping. Do not plow snow off of or onto the disposal area.

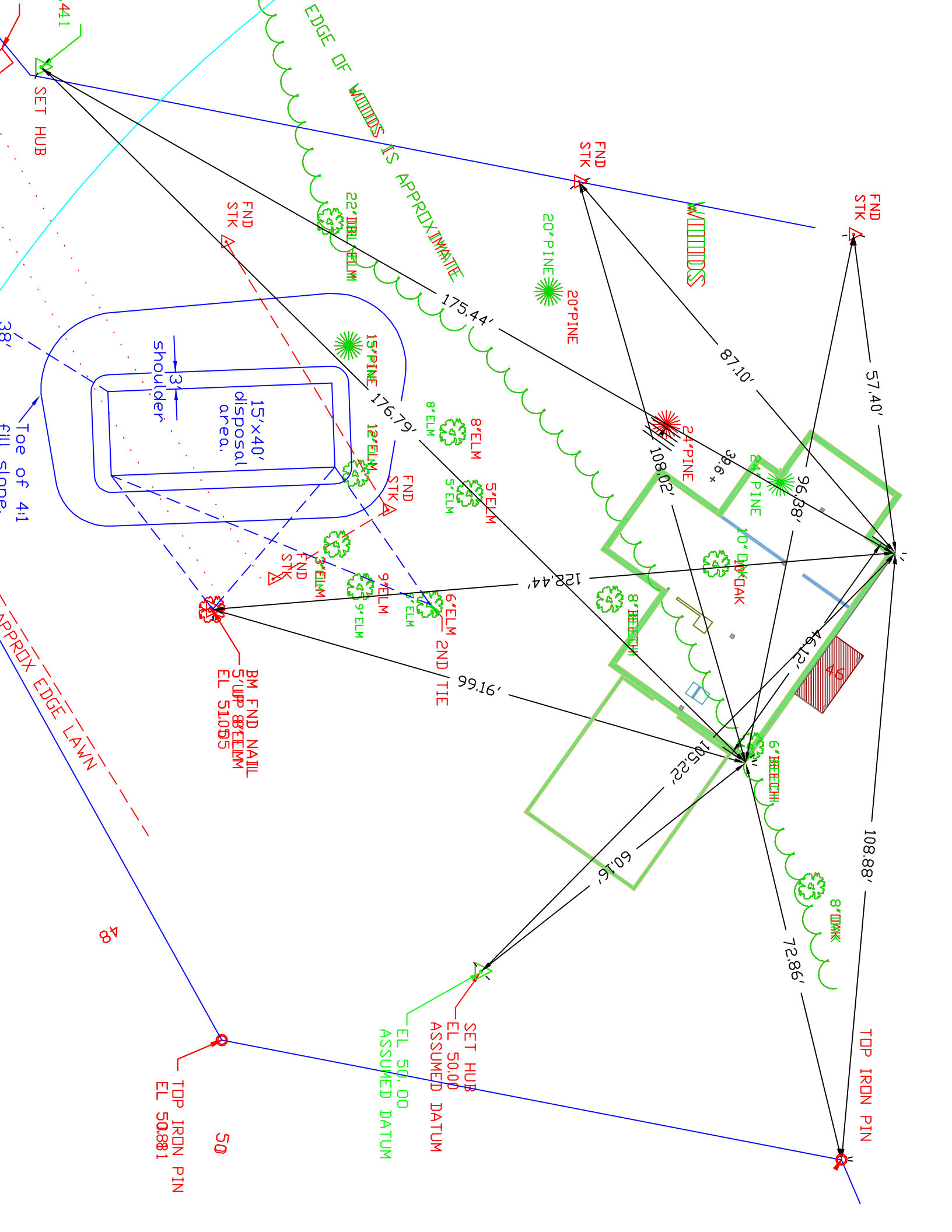
Have the septic tank pumped at least every three years. This is the only maintenance you need to perform. Don't waste your money on illegal and/or ineffective septic tank "cleaners", degreasers, or additives. Some of these damage the long term performance of the system. If an outlet filter has been installed in your septic tank, it must be cleaned regularly. Time between cleanings will vary with use. **SEWAGE WILL BACK-UP INTO YOUR HOUSE IF YOU DO NOT CLEAN YOUR FILTER OFTEN ENOUGH!**

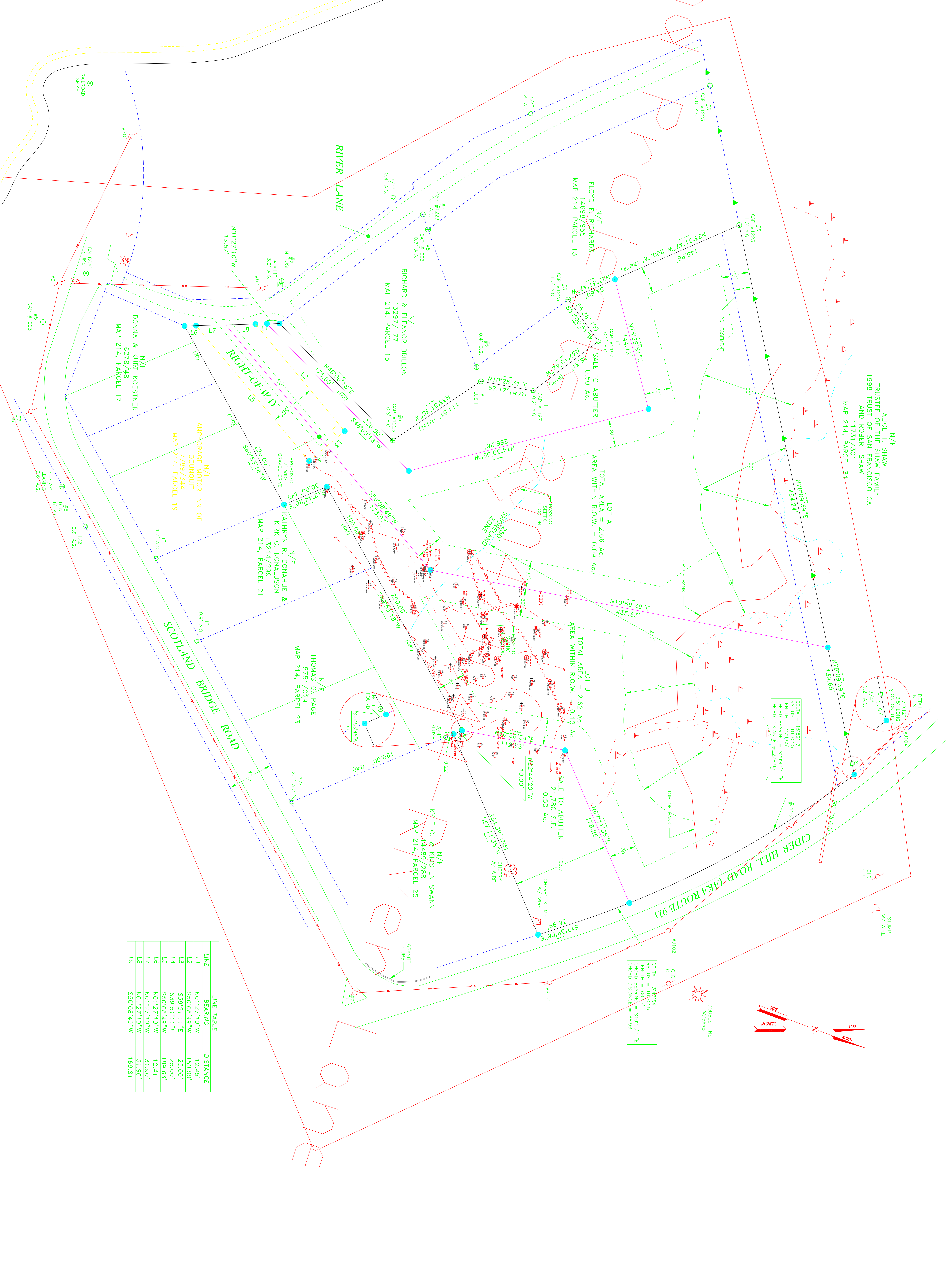
Septic systems are designed to treat only domestic wastewater. Do not dispose of water filter backwash, solid waste, hazardous waste, solvents, grease, oil, cooking fat, or paint in the septic system.

A hot tub may never be connected to this wastewater disposal system. Use water in moderation. Spread laundry out over the week rather than doing it all in one day.

This septic system is designed to accomodate a:

☐ garbage disposal; ☐ Jacuzzi tub;
☒ neither.





LINE TABLE		
LINE	BEARING	DISTANCE
L1	N01°27'10"W	12.45'
L2	S50°08'48"W	150.00'
L3	S39°51'11"E	25.00'
L4	S39°51'11"E	25.00'
L5	S50°08'48"W	189.53'
L6	N01°27'10"W	12.41'
L7	N01°27'10"W	31.90'
L8	N01°27'10"W	31.90'
L9	S50°08'48"W	169.81'